1: Radcliffe-Brown E-5 (1906-1908)1922
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Little Andaman	672
South Andaman Jarawa . .	117
Rutland Island Jarawa . .	351
North Sentinel Island. . .	117
Total . .	1257

This estimate is not of any great value. As regards the Little Andaman, my own information would lead me to estimate their numbers at between 600 and 700, thus agreeing with the estimate above. Concerning the North Sentinel Island nothing is known on which a satisfactory estimate could be based. The figures for the Rutland Island *J̌arawa* are certainly very much too high. In 1907 I spent some weeks on Rutland Island trying to get into touch with the *J̌arawa* there. At that time there were certainly not more than 50 all told on the island. I was only able to discover one camp, and that had been deserted just before it was discovered, but had not contained a dozen persons. The Rutland Island *J̌arawa* have been cut off from the other *J̌arawa* by the spread of the convict Settlement since about 1885. The majority of the *J̌arawa* now inhabit the interior and western coast of the South Andaman north of Port Blair.

During the last fifty years the numbers of the Andamanese have been greatly diminished. This has been the result of the European occupation of the islands, and is chiefly due to new diseases that have been introduced amongst them. Syphilis was introduced among the tribes of the South Andaman about 1870, and this has now spread among all the Great Andaman tribes (that is, excluding the hostile *J̌arawa*). A large number of natives are infected, and the disease is responsible directly and indirectly for a considerable increase in the death-rate. In March, 1877, an epidemic of measles broke out among the Andamanese, introduced with a batch of convicts from Madras, and spread rapidly from one end of the Great Andaman to the other. In six weeks 51 out of 184 cases treated in hospital proved fatal. It is almost certain that the proportion of deaths was much greater in the case of those, the vast majority, to whom no medical aid could be given. A writer on the Andamans[1] has

[1] Portman, M. V., *A History of Our Relations with the Andamanese*, Calcutta, 1899.

1: Radcliffe-Brown E-5 (1906-1908)1922
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164 estimated that the mortality from measles and its sequelae was
165 one-half if not two-thirds of the whole population of the Great Andaman. Other diseases which were formerly unknown to the islands seem also to have been introduced, including influenza.

163 While the death-rate amongst the friendly Andamanese has been enormously increased, the birth-rate has at the same time fallen to almost nothing. This is evident from the proportion of adults to children in the population table given above. In 1907, out of a total of about 500 natives whom I saw at different times, there were not more than a dozen children of less than five years old. A birth is a rare occurrence, and of the children born very few survive infancy.

165 This decrease of population has not as yet affected the
619 Little Andaman. The natives of this island have had very little contact with the Penal Settlement or with the tribes of the Great Andaman, and have thus escaped the diseases which are mainly responsible for the depopulation of the larger island.

Several attempts have been made to estimate the former population of the Andamans. In the "Census Report" for 1901 the estimate given is 4800 for the whole group. Mr M. V. Portman has given an estimate of 8000. It seemed to me that one of these is too small and the other too large. Judging from what it is possible to learn about the habits of the natives, and the food supply available, I should estimate that the former population of the islands (in 1858) was about 5500[1]. An estimate for the proportion of the different groups is as follows:—

	Estimated former population.	Density per square mile.
North Andaman (four tribes)	1500	2·75
Middle Andaman with Baratang and Ritchie's Archipelago	2250	2·5
South Andaman (Aka-Bea and Jarawa) . .	1200	2·0
Little Andaman and North Sentinel . .	700	1·75
Total . .	5650	2·25

[1] This estimate is based on what the Andamanese were able to tell me of the conditions under which they formerly lived. Of course such an estimate can only be of small value. I think it is more probable that I have underestimated the former population than that I have overestimated it.

2:Man G-5 (1869-1880)1932 AZ2 Andamans AZ2

142 Dr. Dobson, in noticing a marked case of this kind, drew attention to the fact of its differing from steatopyga, thereby distinguishing them in this respect from Hottentots.

2. Albinism and polydactylism are unknown, and only one case of erythrism, and that of a faint type, has been observed, or is known to the natives of our acquaintance.[1]

3. No instance appears of obliquity of vision, of cleft palate, absence of teeth, or of supernumerary teeth, and only one of prognathism[2] and hare-lip respectively. Cases of "Darwin's point" in the ear are constantly met with.

158 **Pathology.**—1. No idiots, maniacs, or lunatics have ever yet been observed among them, and this is not because those so [057] afflicted are killed or confined by their fellows, for the greatest care and attention are invariably paid to the sick, aged, and 732 helpless. Two or three cases of hunchback and lateral curvature of the spine have come under notice, but instances of the kind are evidently very rare.

●164 2. It has often been observed, that though the Andamanese waste away very rapidly in sickness, they regain flesh with equal facility when convalescent; but, nevertheless, they possess so little vital power, that they readily succumb to diseases against which others usually struggle successfully;[3] indeed, they appear to suffer as much, if not more, than individuals of alien races from the febrile disorders—mainly attributable to malaria, so prevalent throughout these islands—which frequently lay the foundation of chest complaints, from which they rarely recover.

3. Pulmonary consumption and other forms of pectoral disease are among the chief causes of mortality among these tribes.[4] These disorders do not appear to be confined to, or to be more prevalent in, certain districts, but there is little doubt that they have been most frequent amongst those living in the homes provided for their benefit in and near our settlements in South Andaman.[5]

[1] In no other particular does this case appear to differ from the rest.

[2] As Professor Owen, F.R.S., truly remarks, "their prognathism is not more than is found in most of the Southern Asiatic peoples, and, indeed, in the lower orders of men in all countries, and may be due or relate to the prolonged sucking of the plastic infant." (*Vide* "Brit. Asso. Reports," 1861.)

[3] This not only refers to maladies introduced by the alien population, such as measles, venereal diseases, &c., but to those complaints from which they suffered prior to the establishment of the settlement.

[4] In reference to complaints of this nature, it may interest some to know that Dr. De Jongh's cod liver oil was largely used in the homes, and with considerable benefit to the patients, several recoveries having resulted therefrom. From inquiry it would seem that cases of constipation are comparatively rare, and that diarrhœa is almost the habitual state of their excretory functions.

[5] As this circumstance was traced to the system of giving them clothes to be worn at our various stations, and when visited by Europeans, it was deemed advisable to modify the regulation and to supply them only with drawers, leaving the upper part of the body exposed. A marked improvement in the general health resulted from this change.

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4. Epilepsy is a recognised form of malady, and is considered as peculiar to certain individuals, but the fits are not regarded in a superstitious light. Cutaneous diseases of a scaly character occasionally occur, but do not appear to be of a serious kind. Leprosy is as yet unknown among them. The physical pain caused by injuries seems less acute than that suffered under similar circumstances by Europeans, and all wounds, as a general rule, heal rapidly. 164

5. A few years ago (1877), an epidemic of ophthalmia occurred, principally among the people of South Andaman, and, during the few months it lasted, about fifty persons were attacked, many of whom suffered entire or partial loss of sight. The origin of the outbreak was obscured in doubt, and it does not appear that the disease was previously known to the aborigines.

6. They have never yet been afflicted with small-pox, and only once with measles, viz., in 1877, when it was computed that nearly 20 per cent. of the sufferers, who comprised a large proportion of the population, succumbed. This disease was introduced by a batch of convicts from Madras, who, in spite of all the precautions that were taken, communicated it to others in the settlement, from whom it spread to the Andamanese. The contagion extended to the people of Middle and North Andaman, but only those patients who were living within a few miles of our settlement could be attended to by our medical officers; the treatment to which the remainder had recourse, was that commonly adopted among them in fever cases.[1] The ravages committed by this epidemic among the unfortunate aborigines can only be compared, though on a small scale, to the effects of a similar outbreak among the Fijians, shortly after the annexation of their islands to the British Crown.[2]

[1] *Vide post* "Medicine," paragraph 2.

[2] Before leaving this part of my subject it is necessary to mention that, within the last eight years, they have been visited for the first time by that terrible scourge, syphilis, the introduction of which was traced to a few Indian convicts whose duties brought them much in contact with the aboriginal inmates of the homes; the ravages already committed have been most lamentable, and there seems now no hope of checking its spread throughout the various islands forming Great Andaman: this is due to a few of the original sufferers having refused to submit to the system of segregation which was determined upon at the principal home at Viper Island, where all those who were known to be affected were placed in a separate building. Although allowed every indulgence short of liberty to associate with those who were in health, a few of them found the restraint too irksome, and effected their escape one night by swimming from the island, and to them have been traced many fresh cases that subsequently occurred in various jungle encampments. Had it not been for this it might have been possible to confine the disease to those first affected (then numbering about 80), for after their isolation from the rest, no fresh cases occurred at Viper. Thus, unhappily, this terrible malady has now extended over a very considerable area, probably not less than two-thirds of Great Andaman. The rapid spread of the contagion has been greatly attributable to the almost universal practice which prevails

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164 **Medicine.**—1. The diseases most common among these tribes are:—

1st, malarial fever (*did·dirya-*).
2nd, catarrh (*ngī·rib-*).
3rd, coughs (*ō·dag-*).
4th, rheumatism (*mŏl-*).
5th, phthisis.
6th, pneumonia.
7th, heart disease.[1]

757 278 2. In febrile complaints the treatment adopted by those living in the interior, and less frequently by the coast dwellers,[2] is the following:—A bed is made for the patient of the leaves of the *Trigonostemon longifolius* (*gū·gma-*), and his body is rubbed with these leaves, which are sometimes first boiled, while he sniffs at some crushed pieces of the same; after a time *chū·lugâ-*[3] is given him to drink, and then with some of their patent ointment, *kòi·ob-*,[4] which is not used internally, as has been supposed,[5] the upper lip is painted and also the neck, if the invalid be married. When the fever is accompanied by pains in the chest or head, a *chàw·ga-tâ-*[6] is tied tightly round the part affected, as this is [755] believed to act as a charm, internal pains being always ascribed to the malign influence of evil spirits. During the course of the fever, the patient is constantly rubbed with *gū·gma-* leaves by one or more friends, who insist also upon his swallowing large quantities of *chū·luga-*; scarifying is never practised at such times. As only a small proportion of cases of this kind have a fatal result, great faith is placed in the treatment above described, and, at all events, it is certain that no injurious effects are caused by it.

757 3. The first half of the rainy season is usually the most sickly time with them, as with ourselves, in regard to fever and bowel

among the women of suckling each other's infants; in fact many parents have thus become tainted with the disease, the characteristics of which have in almost every case been most strongly marked, presenting an interesting study to the medical officers who have had charge of the patients. Great benefit was derived from the treatment and remedies (mercury and iodide of potassium) usually employed in Europe, but time alone will show how far our efforts will avail to prevent the disease from infecting the entire population, if, indeed, it do not, as in certain parts of Australia, lead to the early extermination of the race.

[753] Because of the insidious nature, and (to them) mysterious origin, of the last three named diseases, they say that either *ē·rem-chàw·gala* has shot the sufferer, or *jūr·ru-win-* has speared him: regarding these evil spirits further reference will be found at "Death and Burial," paragraph 25, and "Religious Beliefs and Demonology," paragraphs 12 and 14.

[2] The reason for this will be found under "Tribal Communities," paragraph 5.

[3] *Vide* Appendix B, No. 63.

[4] *Vide* Appendix B, No. 60.

[5] *Vide* Mouat, p. 306.

[6] *Vide* Appendix B, No. 44.

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752 case of a similar kind occurred a few years since in McPherson's Strait. When bitten by a centipede on the leg or hand, urine is applied; less inconvenience seems to be caused by these injuries to the Andamanese than to the natives of other countries, although the insects are here larger than in many districts, measuring sometimes as much as eight inches. The scorpions, on the other hand, are small and comparatively innocuous; no attention is therefore paid to the bites they inflict.

●164 18. Elephantiasis appears never to have occurred among them; but since seeing cases of this complaint among the Nicobarese, they have given it a name, *lâ'pi-*, from *lâ'pike*, to swell (as a bruise).

752 19. Bandages of leaves are applied to gunshot wounds, ulcers, fractures, sprains, or bruises.

201 **Physiognomy.**—1. When an Andamanese is in good spirits, his eyes sparkle and the surrounding skin is slightly wrinkled, while the corners of the mouth, which is partially opened, are drawn back; if he be in low spirits the eyes are directed to the ground, the forehead is transversely wrinkled in the centre, and the lips are closed, but the corners of the mouth are not depressed; under the influence of great grief the nostrils are observed to dilate.

2. In thinking deeply, or while endeavouring to understand the construction of some object, the eyes are fixed intently on it, and a slight elevation of the lower lid is noticeable.

3. Astonishment is expressed by the eyebrows being raised, the mouth opened a little and covered with the left hand, while the right hand is brought smartly to the left side just above the heart; a man will also, on being reminded of an unintentional omission to fulfil some promise, act either in this manner, or he will slap his thigh and then place the hand over his opened mouth. Women show their surprise (and also joy) by striking the thigh, which is raised for the purpose, with the open hand. To this practice may be attributed the mistaken notion entertained by an early writer,[1] that "their salutation is performed by lifting up a leg and smacking with their hand the lower part of the thigh."

4. Indications of slyness, guilt, and jealousy can be detected in the eye only.

5. Disgust is shown by throwing the head back, dilating the nostrils, drawing down the corners of the mouth, and slightly protruding the lower lip: no expiration is, however, made.

6. Shame is evinced by the head being averted, the eyes lowered, and the hands raised so as to conceal the portion of the face exposed to view.

[1] *Vide* Colebrooke.

145 582 to about 60 to 65, if he reaches "old age." Except as to marriage at an earlier age, about 18, these figures apply fairly to the women also, who, however, live somewhat longer than the men, retaining in old age both health and mental faculties.

163 [853] **Reproduction.**—The marriages are infructuous, though barrenness is uncommon, a couple rarely producing families of even moderate size and many none at all. The child-bearing age is from 16 to 35; weaning is much delayed.

291 147 **Endurance.**—Left to themselves the Andamanese go stark naked and with head uncovered, except that the women wear, as clothing and not ornament, one or more leaves in front and a bunch of leaves tied round the waist behind, or a tassel of leaves all round. Jarawas, however, of both sexes have been seen entirely naked. They dislike and fear cold, but not heat, though they avoid exposure to the sun; and being accustomed to gratify every sensation as it arises, they endure thirst, hunger, want of sleep, fatigue and bodily discomfort badly. Want of sleep, such as occurs at their dances for occasionally as much as four days and nights, exhausts them greatly. A man's load is 40 lbs. and his distance 15 miles for a day or two only. After that he will rest, whatever the urgency. [482]

252 262 **Food.**—The food consists of fish, pork, turtle, iguana, "wild cat" (*Sarcophilus sp.*), shell-fish, turtle eggs, certain larvæ, and a great variety of fruit, seeds, roots, and honey, and is plentiful both by sea and land. They never starve, though they are habitually heavy eaters. The food is always cooked and commonly eaten very hot. As much as possible of an animal is eaten and the Andamanese, like most hunters, have found out the dietary value of tripe. The Andamanese are expert cooks and adept at preparing delicacies from parts of animals and fish.

142 **Skin.**—The skin, which is smooth, greasy and satiny, varies in colour from an intense sheeny black to a reddish brown on the unexposed parts and also on the collar bones, cheeks and other prominences of the body. Its general appearance has been likened to a "black-leaded stove." The scalp, the lips and nostrils are black, and there are black patches on the palate. The soles of the feet are brownish yellow. The Bojigngiji Group (South Andaman) are the darkest, and among the Onges parts of the face are a light reddish-brown. The Jarawas are distinctly fairer than the rest, the general colour being a deep reddish brown. Leucoderma occurs on the fingers and lips.

Hair.—The hair varies from a sooty black to dark and light brown, yellowish brown and red. The general appearance of it is sooty black or yellowish brown. Except on the head the hair is scanty, but not absent: on the head it grows in small rings, which give it the appearance of growing in tufts, though it is really closely and evenly distributed over the whole scalp. Limited baldness is unknown, but temporary general baldness after disease occurs with a weak growth [303] of the hair afterwards. The hair is not shaved, except on the head and eyebrows, and each tribe has, with many fantastic individual variants, its own [145] method of wearing it. It turns grey at about 40, but white hair is not common.

Shaving is "woman's work" and was performed by small flakes of quarts, but nowadays flakes from the kicks of glass bottles are substituted. It is effective and close, but a painful operation on an European's face, as I proved by personal experience many years ago.

Bodily Parts.—The mouth is large, the palate hard and highly arched, the lips well formed. The hands and feet are small and well made. The ears are small and well shaped, the eyes are generally dark to a very dark brown, bright, liquid and clear, but prominent with slightly elevated outer angles and become dulled with age. The teeth, in the young, except amongst the Onges, are white, good and on the whole free from disease. Those of the Onges are irregular and discoloured. As age advances the teeth generally lose their whiteness and become worn, but without much caries. The teeth are roughly used without any care whatever. Dentition is early.

●164 **Diseases.**—The muscular strength of the Andamanese is great, but their vitality is nevertheless low, and the apparently robust quickly die after sickening

3: Temple G-5 (1901) 1903 AZ2 Andamans AZ2

or severe injury. However, like many of the lower mammals, they recover quickly from illness when they overcome it.

Idiocy, insanity and natural deformities are rare among them. Epilepsy is however recognised and homicidal mania occurs sometimes with concomitants of insanity, such as eating raw flesh or earth and drinking the blood of the victim.

An unintentional artificial depression of the forehead and sides and top of the skull is produced in some women, chiefly among the Onges, caused by using a strap to carry loads on the back when young.

No parts of the body are intentionally pierced, injured, or deformed for the wearing of ornaments and other purposes, though the skin is extensively tatooed.

The statements at my disposal as to the relative prevalence of diseases among the Andamanese and their relative fatality are unsatisfactory, but so far as I can make out the following is a fair statement of the case in order of importance:—

I.—Fevers	45 per cent. of all cases.
II.—Respiratory organs	35 " " "
III.—Digestive organs	15 " " "
IV.—Other diseases	2 " " "

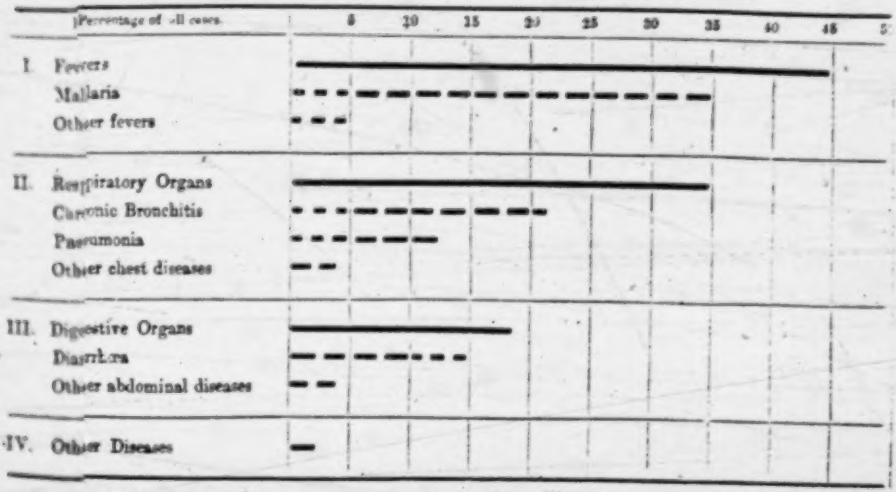
These classes may be further divided up more specifically thus:—

I.—Malaria	40 per cent. of all cases.
Other fevers	5 " " "
II.—Chronic bronchitis	21 " " "
Pneumonia	12 " " "
Other chest diseases	3 " " "
III.—Diarrhœa	15 " " "
Other abdominal diseases	3 " " "
IV.—Other diseases	1 " " "

Without placing too much reliance on the above table, it serves to bring out the fact that among the Andamanese, as among the alien immigrants, malarial fevers are the overwhelming prevalent causes of sickness. As also in the case of immigrants, malarial fevers are not nearly so fatal in proportion to cases as the diseases of the respiratory and digestive organs. Thus I make out that deaths from malarial fevers occur in 8·5 per cent. of the cases, while those from diseases of the respiratory organs in 90 per cent., and of the digestive organs in 74 per cent. These considerations prepare us for the old statement that the prevalent diseases among the Andamanese are climatic and the same as those of the foreign immigrants.

The following diagram brings into clear relief the relative prevalence of diseases among the Andamanese as disclosed by the above tables:—

DIAGRAM OF RELATIVE PREVALENCE OF DISEASES AMONG THE ANDAMANESE.



164 Going a little further into detail, it has been noticed that malarial fevers are commonest in June, at the commencement of the monsoon and during heavy bursts of rain thereafter. Malarial fevers commence as usual in their intermittent form and prove fatal as remittent fever. Other zymotic fevers are uncommon, though the Andamanese will drink the filthiest water.

A short rainfall in the Andamans is usually accompanied by high dry winds and then is the high time of the chest diseases. But though the Andamanese are susceptible to bronchial catarrh, and though chronic bronchitis is common, it is not fatal; pneumonia is however extremely fatal. Pleurisy, hæmoptysis and phthisis are comparatively rare.

Abdominal diseases, though comparatively uncommon, are very fatal, diarrhœa, including probably dysentery, claiming most victims. Dyspepsia and colic are both common. In health the stools are regular, but inclined to looseness. They have been likened to those of the lower mammals when in good health.

Of other diseases sunstroke is dreaded and always fatal. The brain and spinal cord are not often affected, though curvature of the spine is occasionally seen. Scurvy occurs at the seasons when vegetable diet, *i.e.*, such as fruits and roots afford, is too scanty. Elephantiasis occurs among the Onges, but is limited to the Little Andaman. Chronic muscular rheumatism occurs among the older people, leading to loss and withering of limbs. Ulcers, generally the result of wounds in the jungles, are common and, as with the immigrants, slow to heal. Abscesses are also common. Considering that personal uncleanliness is often extreme, skin diseases are curiously infrequent, except ringworm and exfoliated dermatitis, sometimes leading to destruction of finger and toe nails, due either to scurvy or exposure. [146]

164 177 Excluding malaria, endemic disease has not been recognised among the Andamanese, and the only epidemics that have been known to attack them are imported pneumonia (1868), syphilis (1876), measles (1877), and influenza (1892), in that order: unhappily with disastrous effect. Exposure to the sun and wind in the cleared spaces, the excessive use of tobacco and over-clothing, as results of contact with civilisation, are also said to have undermined their health as a body of human beings. Intoxicants are forbidden to them by local rules and are not easily or commonly procured by them.

755 758 **Medicine.**—The diseases which the Andamanese distinguish by name are malarial fever, catarrh, coughs and rheumatism. Phthisis and heart disease are recognised, but are spirit caused and so are all internal maladies, which of course are not understood.

Medicine and surgery are almost absent from the Andamanese purview. They will bleed on the forehead for fever and headache and round abscesses to alleviate pain. They scarify for rheumatism and internal pain as a last resort. Red ochre and various herbal concoctions are both swallowed and applied as all-healers, in which they have great faith. Certain leaves are sometimes applied to local affections and beds made of them for the sake of their supposed medicinal odour. Cinctures, sometimes of human bones, are used to alleviate pain, but no other charms are employed. Occasionally the diet is slightly changed to relieve illness and they are quick to avail themselves of the hospital provided for them. They are extremely afraid of European surgery and will tremble violently at the sight of the operating knife. They smear themselves with white clay and water against the heat of the sun and with red ochre and oil after dark as a protection against cold.

[844] The sick are sympathetically and very kindly, but superstitiously, treated. There are no pregnancy customs and those at childbirth are sensible and without superstition, difficult delivery being practically unknown.

Snakebite is uncommon and seldom fatal. Ligatures above the bite and scarifying are applied, both operations showing observation and common sense. Bites of centipedes, scorpions, leeches and ticks cause little inconvenience to the Andamanese, though very much to immigrants.

142 **Appearance.**—The figures of the men are muscular and well formed and generally pleasing; often a young man is distinctly good looking, for, though there is a tendency to prognathism, it is not commonly pronounced, while a straight and well formed nose and jaw, accompanied by superior intelligence

and an irritable temper indicating a nervous temperament, are by no means rare. The natural good looks of many of the people are injured by the habit of shaving and smearing themselves with greasy red and white pigments. 142

The pleasing appearance of the men is not a characteristic of the women, whose habits of completely shaving the head and profusely smearing themselves, with an early tendency to stoutness and ungainliness of figure and sometimes to pronounced prognathism, frequently make them unattractive objects to Europeans. They are, however, bright and merry even into old age and are under no special social restrictions, have a good deal of influence, and in old age are often much respected. They nevertheless readily and naturally acquiesce in a position of subordination, slavery and drudgery to the men, and are apt to herd together in parties of their own sex. Variation from type is much commoner among the men than the women. 142 562

III. Mental Characteristics.

Sense Development.—The nerve development of the Andamanese is low, pain is not severely felt and wounds quickly heal. The sense development is normal and instances of unusual acuteness observed are the result of personal training in certain directions and not of heredity, *e.g.*, they will recognise one of themselves at a great distance, but not an unaccustomed object such as a European: they can smell a fire or hear the sound of dancing also at a great distance, but this is because they are always on the look-out for these things and their discernment is a matter of habit and of much consequence to themselves. They can, in short, do well such things as they pay particular or habitual attention to. 147 151

The Andamanese are naturally far sighted, and any near sight observed will be found to be due to leucoma or other disease. In respect to sight, however, they are not more highly gifted than civilized mankind. The colour sense is hardly developed at all and they are what would be called in Europe colour-blind to most colours. Black, white and red are distinguished, but green and blue are not. This is due apparently to want of observation only, as they distinguish between white paint and the white European skin. A good deal of blindness was caused by imported epidemic ophthalmia in 1877. Hearing is not abnormally acute, but is highly trained in matters pertaining to jungle craft. Touch seems to be undeveloped. The sense of smell is highly developed in matters necessary to their existence, but they have no appreciation of artificial scent or of that of flowers which do not denote food, nor can they distinguish by smell that which they cannot see unless it be an object of food. Taste is strongly developed as to honey, distinguishing that deposited from different flowers. They care nothing for scenery and do not decorate themselves with flowers. 151 [164]

Character.—In childhood the Andamanese are possessed of a bright intelligence, which, however, soon reaches its climax and the adult may be compared in this respect with the civilised child of ten or twelve. He has never had any sort of agriculture, nor until the English taught him the use of dogs did he ever domesticate any kind of animal or bird, nor did he teach himself to turn turtle or to use hook and line in fishing. He cannot count and all his ideas are hazy, inaccurate and ill-defined. He has never developed unaided any idea of drawing or making a tally or record for any purpose, but he readily understands a sketch or plan when shown him. He soon becomes mentally tired and is apt to break down physically under mental training. 181

He retains throughout life the main characteristics of the child: of very short but strong memory, suspicious of but hospitable to strangers, ungrateful, imitative and watchful of his companions and neighbours, vain and under the spur of vanity industrious and persevering, teachable up to a quickly reached limit, fond of undefined games and practical jokes, too happy and careless to be affected in temperament by his superstitions, too careless indeed to store water even for a voyage, plucky but not courageous, reckless only from ignorance or inappreciation of danger, selfish but not without generosity, chivalry or a sense of honour, petulant, hasty of temper, entirely irresponsible and childish in action in his wrath and equally quick to forget, affectionate, lively in his movements and exceedingly taking in his moments of good temper. At these times the Andamanese are gentle and pleasant to each other, considerate to the aged, the

4: Guha E-5 (1948-1949)1953 AZ2 Andamans AZ2

Report of a Survey of the Inhabitants of the Andaman and Nicobar Islands during 1948-49

[PI]

By

B. S. Guha

Director, Department of Anthropology

About the end of the year 1946, Mr H. J. Stooks, Deputy Secretary to the Ministry of Home Affairs, consulted me with regard to proposals made by Sri A. V. Thakkar of the Bharatiya Adim Jati Sevak Sangh for undertaking work for the amelioration of the conditions of the inhabitants of the Andaman and Nicobar Islands on the same lines as the Sangh has been doing among the Bhils and other tribes of Central India. The problem of the Aborigines of the Andaman Islands, however, is not the same as that of the other primitive tribes of India. These people are some of the most ancient remnants of the human race still surviving in any part of the world, who had been very little affected from contact with other people and subsist principally on fishing and hunting. The need among them is not so much the spread of education and social uplift as the arrest of the decline in population which has been most alarming. Since the establishment of the Penal Settlement at Port Blair in 1858, the condition of the "Friendly Tribes" among these inhabitants have been most distressing. Due in the beginning to armed encounters with the forces of the Government, and also as a result of ravages from diseases like tuberculosis and syphilis contracted from Indian convicts, there has been a continuous decline in the Andamanese population. From an estimated figure of about 10,000 people in 1779 the tribe has been reduced to only 70 in 1931, and at the time of our visit there were probably not more than 37 individuals still living. Whether it will be possible to save the Andamanese from the fate of the Tasmanians whose last surviving representative passed away about 1770 is extremely doubtful.

The hostile branch of the Andamanese tribes known as the Jarawa-Onge-Sentinelese group, fortunately has been spared the fate of their more "friendly" kinsmen, and as a result of implacable hostility and comparative isolation have survived to a much larger extent. In the western forest belts of Middle and South Andamans, the Little Andaman, and the North Sentinel Islands they have resisted all intrusions from outsiders and were known to have lived in these places comparatively unmolested. No accurate census of these tribes however, was ever taken, but from estimates made by people who had some knowledge of the tribes, it does not seem possible that the total strength of these people could be more than a few hundred souls altogether before the last war. What has happened since and how far these people, specially the Jarawas, have suffered from Japanese occupation cannot accurately be determined. It is known that there had been some bombing by the Japanese in the Jarawa tract, but whether any Jarawa was killed is not known. I, therefore, suggested to Mr Stooks that an anthropological survey of the Islands was essential and a probable estimate of the surviving settlements of the population made before the question of any social welfare work can be

Continued.

122 considered. I promised the full collaboration of this Department for undertaking such a survey. It was at first planned to take a fully equipped scientific party for a period of at least six months with headquarters at Port Blair, members of which could pay short visits to the different Islands where the Andamanese tribes were known to have lived. The Ministry of Home Affairs agreed to the proposal and expressed their willingness to place a trawler at our disposal for visiting the outlying islands as no other means of transport existed. Negotiations were taken up for securing the services of Mr Crawley of the B. N. Railway to accompany the party as guide and adviser for he was one of the few who had a direct knowledge of the Jarawa area. With Mr. Duncan of the same Railway, both of whom were landed in the Jarawa territory by British submarines during the last War he spent nearly 6 months in that tract. Although Mr Crawley was very willing to accompany our party it was not found possible in the end to secure his services as the B. N. Railway could not spare him. What is still more unfortunate was that the R. I. N. could not spare any trawler. The prevalence of polio or infantile paralysis in an [164] epidemic form in the Nicobar Islands at the time made it impossible to include them in our itinerary. Lastly, the Chief Commissioner of the Andaman and Nicobar Islands informed us that owing to great demands on residential accommodation at Port Blair it would be difficult for him to find enough living quarters for our party. He suggested that a smaller party might be sent instead, for making exploratory surveys only.

Accordingly, the original plan had to be modified and a party consisting of myself, Mr S. S. Sarkar, who had then just joined the Department, 3 scientific assistants and 3 attendants left for the Islands on board the 'S. S. Maharaja' on February 17, 1948, reaching Port Blair on the 20th. The Chief Commissioner, Mr S. Majid, I.C.S., met us at the quay and arranged for our stay at the Guest House facing the harbour. He was an exceedingly well-informed and kind gentleman and promised to give us all facilities in our work. We 121 discussed the various questions concerning the Andamanese population and he agreed with me that the most pressing need was to collect correct statistics regarding the strength and distribution of the so-called hostile tribes. For very little can be done now to save the Andamanese proper who have paid for their friendliness by being driven to the verge of extinction and it is now a question of time before they would completely disappear. At the present [161] moment the surviving remnants of this group numbering about 37 have been collected and settled in the Neil and Havelock Islands. In consultation with 122 Mr Majid the plan of making the preliminary reconnaissance was fixed. It was agreed that I, and as many of my party as could be accommodated in the Port Blair harbour launch 'Molly', which Mr Majid by arrangements with the harbour authorities found it possible to place at our disposal for about a week, would leave for Little Andaman to survey the eastern coast of the Island in search of the Onge settlements, as far as this was practicable within this short time. Accordingly we left Port Blair on the 23rd February at 7-30 in the morning on board the motor launch 'Molly'; myself, Messrs S. S. Sarkar, S. Banerjee, R. De and Ramkassis forming the members of our party.

there were no Andamanese there,
but 400 people consisting of 133 males and 130 females who migrated from Bassein in 1924. They were Karen Christians who had settled there. After returning to Long Island on the 12th, Mr Sarkar and party left in the motor boat "Return" for a short cruise along the Jarawa country. Besides Mr Joseph, there were Mr Pooviah and a few of his Burman Bush Police armed with rifles and guns. The party passed through the Homfray's Strait and anchored at the north eastern corner of the Spike Island. Loka and his party of three Andamanese accompanied them in their two canoes. They came to the shore in one of the Andamanese canoes and after entering the forest they found bundles of bamboos piled up at one corner. This was identified as a Jarawa raft. There were also three paddles made out of a palm tree. These specimens were procured for the Department. After proceeding some distance in the jungle, 19 small fire places were counted in scattered manner. A temporary hut was also noticed at a short distance. A number of objects usually used by the Andamanese tribes for household purposes was found including a sling for carrying babies. A beautiful specimen of a Jarawa Bow painted in red in geometrical designs was also found. Photographs were taken of the settlements of the Jarawa camp and objects collected for the Museum. In another place at *Yeratiajig* remnants of a Jarawa camp including pottery and bones of animals, etc., were found. The party returned to Long Island on 14-3-48 and examined 8 of the remaining members of Loka's party. It left the same day for Port Blair where it arrived at 10 P.M. On the 25th Mr Sarkar and his party with the Deputy Chief Commissioner Mr Gupta, left for Kar Nicobar where it arrived on the following day. It returned to Port Blair after staying for a few days. During this time in Kar Nicobar, besides studying the Nicobarese of the Island Mr Sarkar met two Jarawa children who were captured and brought over there and placed in a local Mission School for education.

In the following year in January 1949, another small party was sent under Dr A. K. Mitra with Messrs H. K. Bose and A. Bhattacharyya, to continue the survey of the Little Andaman further along the eastern coast. They visited *Hut Bay* on the 28th and went to the Onge settlement there. A large circular hut similar to that seen by us at Tambobui was observed. It contained nine cots with a fire place in the centre. There were also two outrigger canoes, one in front of the hut and another on the beach. Altogether 11 Onges were found consisting of 2 adult males, 6 females and 3 young children between the ages of 6 to 15. The 8 adults and the adolescent boys were carefully measured and observations noted about their special somatic characters. After leaving Hut Bay they went as far as the South Point which is the southernmost point on the eastern coast of the Little Andaman, but did not see any other Onge settlement. They had to return on the 31st as the launch could not be spared any further.

The Onges were found to be strong and healthy and free from venereal disease, a scourge, which along with tuberculosis were chiefly responsible for the rapid depopulation of the Andamanese tribes. Our observations agree with the accounts of the Negritos of the Andaman Islands published before

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515 people. Furthermore, the Onge skin is very soft and more elastic than is usual
[147] in human beings. For us, clothed and with a less resilient skin, a trip through the thorny Andaman forest means many small, bleeding scratches. Not so for the naked Onge. – To cover them with clothes would endanger their health. Nakedness inures them to the sudden changes of temperature so frequent in
[513] Little Andaman and preserves them from catching cold when sleeping, uncovered, on their rough, unprotected bed of boughs. As with primitives all over the world, clothes make them miserable and, I may add, very ungainly and dirty.

515 Part of their general negligence with regard to hygiene is their carelessness about their teeth. They never clean them. They do keep bamboo sticks,
[413] 1 mm thick and 8 cms long, tucked into their hair to be ostensibly used as toothpicks ; but the sticks, to tell the truth, are more of an ornament than a tool.
142 The Onge's teeth are so compact and sound that there is no space between
[164] them for food particles to collect. No caries or decay of any sort are to be noticed. In a number of skeletons that I dug up from under the beds in communal huts, the teeth gave evidence of one peculiarity : old people had worn
[289] them down to the root. The Onge habit of using teeth as working instruments, to prepare fibre for ropes and in many other circumstances – apart from their permanent chewing on hard foodstuffs – explains this fact.

515 As a consequence of never washing, the natives' hands are sometimes extremely dirty. The Onge themselves are conscious of this. I shall give an
226 instance. It so happened that I arrived in Nachugé, on the west coast, toward the end of March, when the sea was teeming with migrating sardines. In Little Andaman sardines can weigh up to a pound ; but a normal catch, obtained with small hand-nets cast from canoes among shoals of fish imprisoned by the low tide within the coral reef that surrounds the island, contains specimens of
[264] every dimension. All are eaten as soon as possible. The quantity of fish brought back to the camps on such occasions puts all inmates to work and induces everybody to abandon all other occupations for the time being. In the low tidal waters the men push their canoes from rock to rock, using them as receptacles for the abundant food so easily collected. In some "pockets" nets prove unnecessary : the fish is gathered in handfuls and rapidly thrown into the canoes. The hecatomb ends when the canoes are filled to the gunwales. In no other part of the world have I seen food made available to primitive people in such large quantities and with so little effort.

252 Back at the camp, the sardines are "graded" according to size and cooked immediately. They are not washed or cleaned, the inner organs are eaten to-
[263] gether with the flesh. Men, women and children feverishly take part in the
264 cooking ; the fish is boiled without salt. All the natives then plunge their hands
515 avidly into the heap of sardines. From time to time the women clean their
[231] hands by rubbing them on the *naquinêghê*. Very soon this garment becomes extremely smelly. Men and children clean their hands in a different way : by rubbing them on the dogs. On such occasions, everything and everybody smells of fish for days and days. The first to become clean again are the dogs, because they hate to be smeared with fish and wash themselves in the sea as soon as they have a chance.

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ing edible matter; furthermore, they don't care to take the trouble as food is generally plentiful. We must also realize that they find salt repulsive. Even honey – so easily kept for many months – is disposed of, if possible, on the very same day it is collected. Incredible quantities of this or other food may be consumed for days and nights on end until everything disappears. Very few of the islanders care to vary their meat diet with an occasional diet of vegetables in order to disintoxicate the system; yet nourishing yams and other roots grow wild and plentiful. They are so rich in carbohydrates that I preferred them to potatoes and rice. I may add that the Onge, on my request, brought me yams and roots that they were glad to barter with rice, tea and sugar – soon declared by their wise men to possess medicinal properties.

The Onge's stomach, intestines and general physiological equilibrium suffer from lack of salt and such bad nutritional habits as those described. They damage the human body, together with unrestrained sexual activity.

One highly unhygienic custom of the Onge is the use, all over Little Andaman, of peculiar sucking-sticks. These pass from mouth to mouth during the frequent meat or honey orgies indulged in by the natives.

When boiling pork or turtle, a quantity of liquid fat floats on the surface of the broth. Though the Onge despise the broth, they don't like to waste the fat. So they devised an efficient solution: they suck the fat up by means of a wad of absorbent matter obtained by chewing the end of a fibrous stick selected among many species of trees in the forest. The end of the stick is chewed along a section of 5 cms, the remaining part – about 25 cms long and 2 cms thick – is used as a handle to prevent the fingers from burning.

In every Onge camp sucking-sticks are permanently in evidence owing to the inmates' frequent ingestion of liquid fat or honey. A second version of the sucking-stick consists in a narrow, cotton-like strip, up to 80 cms long, with only a small part of the original wood remaining. This serves as a handle for dipping the stick into a wooden barrel full of honey. In both instances the same tool passes for hours from mouth to mouth: from older people to greedy children, anxious to suck the coveted delicacy off the stick that has been dipped into the pot. The rapid spreading of epidemics, which often occur in the Andamans, is certainly encouraged by the use of these sucking-sticks. I found no reference to this practice in books on the Andaman Islands.

Everything they eat, particularly meat, the Onge consider as either remedial or harmful. They are therefore chary of accepting proffered food if it is unknown to them. When I brought 30 Onge to Port Blair to introduce them to Dr. RAJENDRA PRASAD, President of the Indian Republic, they were troublesome about food. In Port Blair it was not as easy as in Little Andaman to procure whole pigs; sometimes only pieces were available. The Andamanese Forest Department was quickly informed of the difficulty and kindly supplied the desired animals. In moments of shortage I tried to give the Onge cooked lamb, goat, chicken and pigeons; they resolutely refused them as unhealthy. Birds are never eaten by the Onge, who consider them shelters for human souls

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common in the Andamans, said by RADCLIFFE-BROWN (p. 273) to be eaten by the Andaman Islanders as a protection against rheumatism, is never killed. For some superstitious reason the Onge are simply horrified at the thought of touching such an enormous flying bat. Among the fruits, those of a plant whose wood has such a revolting smell that it is known, in English, as "stool-tree", are believed to have exceptional protective properties for the human body. The fruits themselves smell even worse than the wood, but this, to the Onge, makes them appetizing rather than disgusting. Concerning honey, and the many sugary fruits of the jungle that are available all the year round, the Onge luckily ignore the simple method of distilling alcohol. No intoxicating drink reaches Little Andaman from the outer world, whereas in Great Andaman alcohol, together with imported syphilis, was one of the main causes of depopulation. No syphilis appears as yet to have reached Little Andaman. This is also confirmed by the research carried out by Dr. HERMANN LEHMANN of London's St. Bartholomew's Hospital, during February 1953 in my Onge camp in Labanare (north-east coast of Little Andaman).

II. Effects on the People's Lives

The islanders die young, specially the men. The majority of them succumb before reaching the age of 20; most of the survivors die between 20 and 40; the rest – with a very few exceptions – before 50. Women, after marriage, follow a similar pattern: the death rate among women, however, is slightly different owing to a less corrosive sexual life. Some women may live to the age of sixty, but both sexes age soon, appearing older than their years when still in their twenties. The short Onge span of life recalls conditions which apparently prevailed among prehistoric and protohistoric men. Palaeolithic man died at an earlier age than modern man. The Onge today, in many respects, behaves as palaeolithic man behaved countless centuries ago. – Infant mortality is high; the first five days of life are the most critical for the Onge, owing, in part, to the hard life led by mothers even during pregnancy, which often causes functional damage to the placenta. Delivery is generally easy and traumatic injury rarely occurs; but premature births are common, and so are malformations and other anomalies. Imperfect infants are quickly eliminated by their parents. As a result, only a small number of children are allowed to grow up, but these appear normal. There are no blind and no deaf-and-dumb people in Little Andaman. I saw only two instances of incipient lameness: in an unmarried boy of about twenty and in a young married woman. Only robust infants can survive.

The Onge, so careful about their food, are completely indifferent to something else that is considered very harmful in continental and insular regions close to the Andamans. There, menstruating women are often segregated and considered harmful to the entire community. Not so in Little Andaman, where the remedies applied in the circumstance are extremely primitive (cf. supra) and could probably be traced to palaeolithic man. I saw nothing

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291 754 *naquinēghē* exposes the former owner to harm. Ill-disposed persons could use it for black magic practices. I collected specimens of this garment, all of them, however, brand-new – for the above-mentioned reason. To avoid trouble to the owner, nobody is allowed to touch the *naquinēghē*, which is worn in front of the vulva. To touch it is a deadly offence. Aside from the *naquinēghē*, Andaman 842 colonists attribute the natives' sterility to their abhorrence of salt. Another 263 opinion would have it that the lack of salt transforms human saliva into poison: the Jarawas, by spitting on their arrows render them poisonous. The absurdity of this belief is so evident that it requires no confutation. The Onge refuse to eat salt because they consider it unhealthy, or, to say the least, disgusting.

III. Illnesses and Onge Curative Methods

164 Few illnesses affect the Onge, but they succumb to those few with surprising speed. Often they become seriously ill for mysterious reasons and in spite of their robust appearance. Smallpox, tuberculosis and poliomyelitis are unknown in Little Andaman, although they sometimes strike in the nearby Nicobars. Measles broke out on the island on more than one occasion, killing off all the inhabitants of several communal huts, which I later found deserted and in ruins. With regard to syphilis, the Indian Census of 1931 quotes an old remark of PORTMAN's concerning a few individuals considered by him as infected. This was later denied.

[752] [123] Onge women are more resistant to illness than men. Wounds heal promptly in both sexes, without the aid of remedies. A few of the older men, however, had suppurating sores on their legs, slow to disappear even when disinfected and treated by me with European medicines. No similar sores were found on women. On the other hand, women suffer more than men from ringworm, mainly in the umbilical region. Nothing is done to rid them of it because the discomfort is slight. I suggested an Indian cure made with the leaves of the neem tree, or Melia azedarach, very common in Southern Asia [123] where it is considered sacred. I imported the plant to Little Andaman, but the Onge displayed no interest in it. I found a single instance of leucoderma, in a woman with whitish spots on her hands and lips. I could get no reliable information about the incidence of cancer, but it appears to be rare on the island. No baldness is to be seen in Little Andaman, and I found few traces of [142] greying hair, as the Onge die young. A transversal bregmatic furrow is noticeable [482] in all individuals, male and female, as a consequence of carrying loads hung from their heads by a strip of bark. The Onge start doing this in childhood. An artificial, unintentional deformation of the skull is the result of that uncomfortable habit.

751 302 [386] For hygienic reasons the Little Andaman aborigines paint their bodies with refined clay and ochre of various shades, mainly reddish. This gives the women occasion to embellish the bodies of their husbands with an endless variety of geometrical designs. Every year I found changes in their patterns, and I

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documented the fact in a number of photographs. The purpose, however, is purely hygienic: an unpainted body is, in their opinion, exposed to certain illness. They explained this belief to me by saying that without paint the body becomes "hot". The men who travelled with me far from women were anxious every day to spread clay on face, chest and limbs, just to avoid "heat" or, in other words, fever. I thought of malaria, but they do not suffer from it. Of this I will speak later on.

Rough clay is applied daily, on infant bodies as well as on adults, for health purposes. It is used to cure all kinds of sickness, together with ochre, turtle fat and honey. Honey spread on wounds appears to hasten healing. Identical curative methods are employed in Oceania. They probably existed among the Tasmanians, and are still used in Australia by the aborigines. I found nothing of the kind in Africa, where honey is plentiful. The Onge consider clay, ochre, honey and turtle fat good for external and internal treatment alike – both preventive and curative. Powdered bees' wax of a dark colour is often added. I saw mothers give their children, as a laxative, a number of pills made of similar ingredients. No bigger than common hazelnuts, the pills are red and greasy. In Onge forests I saw some small excavations, a few feet deep, made to extract the medicinal clay from special ground pockets. In its natural form the clay is light coloured, powdery and free of stones. When it is burnt the colour changes, assuming red, yellow, whitish or black shades according to the different qualities used, all believed to possess healing properties and to ensure hygienic colouring of the body. Mixed as described above, clay is used by the Onge in every circumstance from fever to snake or scorpion bite, constipation, breast infection in women, or post-delivery bleeding.

Belief in the medicinal properties of clay is as old as humanity itself. Even among contemporary European peoples, notwithstanding severe criticism, clay is still honoured as health-giving, not, I must say, on wholly foolish grounds. The Onge, who smear their bodies constantly with clay, have the softest, most velvety skin that I ever saw anywhere in the world. Wounds spread with clay mixed with honey and fat leave negligible scars. The laxative and germ-killing action of clay is admitted by physicians in many countries, including Europe. It never causes infection. Geophagism has ancient origins, and we find it practiced by many modern populations. Children of every race and all young wild animals lick clay instinctively to absorb the mineral salts required by a developing organism. The Onge habit of using clay for healing purposes can be set, therefore, in a very wide frame.

Mental and nervous disorders are rare in Little Andaman. Few natives are subject to epilepsy – an important matter for the Onge: they consider such people as possessed by spirits who speak through their mouths, and respectfully question them as oracles. Several Onge chiefs, such as Chief Tchôtâ of Tambĕ-ĕ-buiĕ, are apt to go into trances that have all the appearance of epileptic fits. They were elected chiefs on the strength of their epilepsy!

Constant exercise keeps eyesight and hearing extremely sharp in the Onge. I saw no single case of myopia or presbyopia among the natives, nor

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164 do they suffer from the eye infections that are so common in the tropics. Their
151 highly trained eye can distinguish at a great distance small vessels on the troubled waters of the sea that people with normal eyesight could not perceive without a telescope. Normal vision, I suppose, is the same for the entire human
123 race ; but we exercise our eyesight less. In the dark fastness of the jungle, the
151 Onge were able to point out birds sitting motionless high up in the trees, quite invisible to me notwithstanding my experience in collecting even the tiniest specimens. With their sharp eyes they sought out for me a collection of minute mimetic amphibians living far from the ground on tree trunks, previously unknown to science. The same thing often happened when I was unable to see as far as they did. The help of my savage friends was invaluable in avoiding the poisonous snakes that we met with daily in our camps or while travelling. For our protection, the Onge always marched in front of my men. They could discern reptiles hanging from branches among thick foliage, waiting to bite us on the neck, or lying perfectly still in the tall grass, ready to attack our legs. The only trouble we had with snakes was when the men I had brought from India, in moments of enthusiasm ran ahead into the interior of the jungle, eluding their Onge vanguard.

752 The Onge themselves, however, are sometimes bitten by snakes, with
123 dire consequences. Happily the Andamanese snakes are less deadly than the
[136] same species on the continent, and few deaths occur from snake bite ; but it can curtail a man's activity for several months. In March 1953 an Onge friend
[222] of about 25 who had climbed a tall tree to collect honey, inadvertently seized with his left hand a snake concealed in a tuft of creepers, and was bitten above the elbow. Frightful swelling ensued, together with shooting pains and a raging fever. The man was brought to me unconscious, his left arm had already assumed the appearance of a huge, rigid, elongated sausage. The Onge had smeared all his body, and particularly the wounded arm, with ochre mixed with honey, turtle fat and rough clay. They have no specific remedy for snake bite. It was too late, but in an attempt to save the patient an antiophidic injection was practiced on him. Within a few hours he appeared to rally. I saw him again after eleven days ; his arm had been treated in the Onge way and put in a sling made of ficus bark cut into narrow strips. Fever had disappeared, and in part also the swelling, so he could move his elbow a little. The skin peeled off the whole length of the arm. Where the fangs had entered the flesh two round, red, suppurating wounds, 1 cm in diameter, were discernible under a layer of clay and honey. The man recovered in about two months. During his
476 illness the people who shared his communal hut exempted him, his wife and his children from all work, and supplied them with all requirements. This occurs in every case of illness, showing the complete solidarity that prevails among those simple people - once considered ferocious. Always, if the wife is ill, the husband is automatically relieved of his hunting, fishing and food-collecting duties. Friends provide food for the family, no matter how many the members thereof.

164 In Little Andaman, we Europeans are constantly threatened with mala-
143 ria. Should we fail to take all necessary precautions we would catch it upon setting foot on the island. The Onge are all infected, but it does not upset

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them ; neither children nor adults have dilated spleens. Inhabitants of other regions where malaria incidence is high often show the same immunity, supposedly attained through local adaptation. Papuasians, Melanesians and Africans sometimes appear insensitive to malaria, although they all carry the germs of the disease. In opposition to their resistance to malaria, the Onge are vulnerable to minor lung infections and measles, which we would not consider serious.

When fever occurs, whatever the cause, the Onge recur to their universal remedy : plastering the entire body with clay, ochre, turtle fat and honey. Legs, arms and trunk are swaddled in tight bandages made of strips of ficus bark. These bandages hinder superficial blood circulation. The strips are removed from time to time and replaced after vigorous massaging of the body with hands and feet. Stomach and chest pains, as well as insistent coughing, are treated by stretching the patient horizontally on the ground and rubbing him energetically with hands and feet. The feet compress the body, with special attention to the affected part. The entire trunk is worked over in this manner, inch by inch, and the patient is carefully rotated until he has been completely turned around to receive treatment on all sides. This process lasts half an hour or more. It is a curious sight to see a man transformed into a kind of sausage, all tied up in strings and subjected to violent treatment on the bare ground, with a crowd of spectators surrounding him, obviously taking the whole performance quite seriously. The result is kill or cure ; the former helped, I should say, by rough treatment performed with the best intentions.

Exposure to hot smoke is another Onge cure for wounds and pains. I saw it applied, for instance, on Nabimbôi, the fat young wife of Maritôi, chief of Chemalē. She had scorched her right foot by stepping inadvertently on smouldering ashes. The pain made it impossible for her to sleep, so she was treated by covering the burn with the usual mixture of clay, turtle fat and honey, and exposing it to hot smoke. The smoke was provided by burning the fresh seeds of a creeper, each as big as a horse-chestnut and of the same colour, but of a lenticular shape. Incisions are made in the seeds to prevent explosion, and they are laid on the fire where they give out a thick smoke. The injured foot was held as close to the fire as possible. Recovery promptly ensued, but I would not swear that it was due to the treatment.

Fire is used by the Onge also against fever, whatever its cause. I shall quote an instance. On the night of 28 March, 1954, one of my guides, Toncootēi, a very intelligent Onge, suffered a strong attack of fever while resting in the Antiguēh communal hut in the interior of the island. I diagnosed the trouble as indigestion from immoderate guzzling of pork meat. Friends stretched Toncootēi on the ground, resting on his right side. Two lines of burning charcoal, set at right angles, outlined his back and head. Then one of the Onge started spitting on Toncootēi's hair. This was followed by vigorous rubbing of his scalp, with occasional pauses to seize his head and press it strongly with both hands. Following this, diluted ochre and clay – very hot – was spread on his thorax, throat and neck and rubbed in vigorously, whereupon the patient was brought closer to the fire. In the meantime a young fellow

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757 started slapping his hands on Toncootĕi's and exposing them intermittently to
372 the fire. All this lasted over a quarter of an hour. The patient was then made
123 to lie prone, with his legs spread out, to receive a foot massage as described above, for another quarter of an hour. Torso, feet and hands were worked over, with short pauses for artificial respiration by means of compression. Subsequently his back, and particularly the sacral region, was vigorously rubbed by willing hands and feet. Three men performed this operation. Toncootĕi was finally allowed to rest, between two fires kept burning all night. Sunrise found him alive, and the fever had abated, due, I think, to a good European laxative that I had persuaded him to take.

164 In March 1952, I witnessed a sad episode, followed by the death of
123 the patient, near my Labanare camp. A young mother was suffering from
[862] breast rhagades. Her baby was less than a month old, and she was also suckling
[597] another child, almost two years old, who had sharp teeth. It is a frequent kindly habit of the Onge to adopt babies ; and it is customary to breast-feed them up to the age of four. Some interesting consequences arise out of this habit, but I shall not analyze them here. A minor detail : since they are allowed to suckle when they wish and are weaned so late, Onge children do not indulge in thumb sucking. Considerable reactions are spontaneously established between the two terminal parts of the digestive tube – oral and anal, as though
[864] in physiological conflict. Once more I affirm that the evidence of Onge sexual behaviour positively denies Freudian theories with regard to the sexual life of children. Furthermore, young anthropoids and primitive people behave identically in this respect.

164 The adopted baby gave the young mother nipple wounds that became
123 infected and suppurated. For lack of proper care and in unhygienic surround-
752 ings, the infection spread to the rest of her body. I found her suffering terribly from pain in the breast, muscular spasm and high fever. The Onge had applied their usual external remedies to her body, from head to foot. Very tight bandages of ficus bark, renewed three times a day, were wrapped arounds legs, arms, trunk and abdomen. Bright red ochre – rare in Little Andaman and considered more effective because of its brilliant colour – was painted onto the afflicted breast. The poor young woman looked at me hopefully. I suggested her immediate removal to Port Blair Hospital, and sent radio messages from my camp to the Chief Commissioner, Mr. A. K. GHOSH. He responded generously by ordering a ship to call for the patient, but the journey was useless because her relations were opposed to displacing her. In March 1952 my friendship with the Onge was only starting ; this will explain their refusal to follow my advice. Without proper care, in a place like Little Andaman, the patient died four days after my arrival at the camp.

756 Prescription of medicines and treatments such as those described above
[759] is not determined by specialists. Everybody submits to treatment, with general approval, convinced of its effectiveness. Witch doctors do not exist and perhaps never existed in the Andamans. Nothing, then, is known by the
755 Onge of the dances and exhibitions, commonly executed elsewhere for curative
757 purposes, that influence the patient on a psychobiological basis. As they have

while its culture was already in the process of disintegration. Moreover, MAN dealt almost exclusively with the South Andaman tribes, mainly with the Aka-Bea, while RADCLIFFE-BROWN's researches were centered mainly on some of the northernmost tribes. As a result, not all the tribes were given equal attention. This is regrettable since their religious concepts and myths were by no means uniform. Therefore one cannot say that our information about the ten Great Andaman tribes is as full and up to modern standards as would be desirable. There is, of course, no more hope of ever filling the existing gaps in our knowledge. It is the more necessary that the still relatively intact groups of Andamanese be thoroughly studied before it is too late.

Ongi (Onge)

The Ongi of Little Andaman owe their survival to their isolation and to the fact that they remained hostile until the end of the 1880's and even thirty years ago were not yet considered as quite reliable. Nevertheless, their numbers are constantly decreasing as the following estimates in the various Census Reports seem to indicate

1901 . . . 672
1911 . . . 631
1921 . . . 346
1931 . . . 250

Of course, these figures, being mere estimates, are not reliable, and the last two are too low. As Professor LIDIO CIPRIANI of Florence, who spent many months with the Ongi in 1952, 1953, and 1954, kindly informed us, he came to different results. In his letter, dated May 2nd, 1958, he writes:

"I visited all communal huts with aim of taking a census of the Ongi. Every family has a bed in a communal hut, i. e. a kind of 'ritual' bed on which they marry and under which they are buried when they die. I prepared a list of persons using each bed. This added up to about 500 Ongi, but I saw less than 200 of them. The majority is still very shy and, when approached, ready to disappear into the jungle. The names of the absent persons were given to me by other Ongi. I left this list of personal names with the Department of Anthropology, Indian Museum, Calcutta, but kept a copy".

This would seem to indicate that the situation is not quite as bad as appears from the Census Reports. But even so, it is very serious and is constantly deteriorating. The Census Report of 1931 says that "the numbers decrease year by year mainly from infection such as influenza introduced at times of contact with civilization. Some septs have almost completely disappeared during the last years".

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Many Onges, in fact, have fine features,
142 and some of the women have a certain beauty and grace of move-
[481] ment, with a dignified walk and restrained gestures, despite their utter lack of any sense of shame. The sclera are very white, and the highly characteristic contrast between the intense black of the skin and the startling white of the eyes gives the Andamanese a ferocious appearance, which on smiling turns into a curiously childish ex-
151 pression (see further, p. 19). It is a curious fact that although the
145 Onges have remarkable sight (p. 47), few of them can close each eye separately, although they are all completely ambidextrous.

144 In examining the child I had particularly in mind the very short
142 stature of the pygmies both of Asia and Africa, which is regarded
164 by some as pathological. The Andamanese have been described as Negroes who have degenerated through genetical isolation. This theory holds that they are descended from slaves who fled from the Portuguese after a shipwreck. I do not regard this as tenable. Pygmies in general, and the Andamanese in particular, are well-proportioned and physically outwardly normal. One cannot speak of dwarfism as determining their characteristics: this implies abnormal development as the result of hypophyseal disorder or
[143] thyroid imbalance. Cases of achondroplastic dwarfism are known among the pygmies of Africa, particularly where there has been mixing with Negroes, and these patients are sometimes taller than their normal kinfolk, but I found no cases among the pygmies of Asia.

142 One characteristic of the Bushmen which does occur among the Andamanese is steatopigia in both males and females. This is nor-
[114] mally much more prevalent in females, and indeed before my visit to the Andamans von Eickstedt held that it was non-existent in males. I had always disagreed with this view, and was able to verify its occurrence in both males and females.

Dobson in the nineteenth century recorded in the *Journal of the Royal Anthropological Institute* of London, the unusual appearance of the buttocks in the Andamanese, although he did not specifically refer to the phenomenon as steatopygia, and went only so far as to suppose it the result of an unusual accumulation of fat in the gluteal area. To him, however, must go the credit for the first observation.

114 His observation led scientists – in my view wrongly – to compare
142 the Andamanese with the Bushmen. The presence of steatopygia,
144

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142 147 482 much assistance in this respect, as the muscular insertions are exaggerated in both sexes, both being subjected to continued physical effort resulting in muscular bulk.

142 147 164 [304] [515] One quite outstanding physical feature in the Onges is their teeth. The palate is unusually arched, unlike that of the African pygmies or the Bushmen. The teeth, which are never filed or cut, as many primitive peoples do for decorative purposes, are very white; caries is rare, and although never cleaned the teeth are retained till late in life. A common abnormality is that the lateral incisors are as pointed as the canines. This, with the whiteness of the teeth and eyes against the blackness of the skin, gives the Onges a sinister appearance, which may account for the old description of the Andamanese as men with ferocious dogs' heads. The only (summary) cleaning the Onge teeth receive is the use of toothpicks, thinner and rather longer than the European variety and made from the tough, flexible bark of a certain reed. After use, they are carefully thrust into the hair for future occasions. Every Onge has one or more threaded through the hair on top of the head.

142 147 [264] [514] The strength of the Onge teeth enables their owners to champ their way through what are for us inconceivable quantities of food, both animal and vegetable, which is chewed slowly and determinedly, dust, earth, sand and all, and then swallowed without apparent ill effects, other than the flatulence arising from overconsumption of animal matter. But the Onges use their teeth for other purposes besides eating. In time the teeth become worn down by the inevitable grinding of dirt and grit, but this does not prevent the Onges from continuing to chew the bark of trees and cords, which is a lifelong occupation. This duty falls mainly on the women, and I have seen aged women, their teeth worn almost to the gums, doggedly chewing bark as their contribution to the communal life of the group. The strength of the teeth is unbelievable – I have seen children of ten to fifteen years crush nails up to two millimetres thick, and dent lumps of iron.

114 123 142 147 [37] I myself once had good cause to be grateful for their power. My party and I found ourselves stranded in the forest on South Brother without guns or even knives, and without cooking utensils. There were large clutches of turtle eggs buried in the sand nearby and my two Onge companions pointed out a coconut tree loaded with nuts (which turned out to be the only one on the islands, seeded

The slightly greater age reached by the women may possibly be explained by their somewhat less arduous life physically, but biological factors may be the root cause. Despite their deceptively youthful appearance the menopause is over by the age of thirty-eight, at the latest, and they remain in good health thereafter, looking amazingly young. The oldest man I saw was Enagaghe, the head of one of the groups, and he could not have been more than fifty-five. He happily accompanied me on long and arduous trips into the forest, and climbed trees like a squirrel after honey and fruit; neither his appetite nor his zeal as a lover were impaired. His stomach managed to cope with something like a kilo a day of meat, skin and fat, plus fruit, boiled roots and honey. In a hot, damp, oppressive climate like that of the Andamans such a diet year after year cannot fail to produce a state of chronic intestinal poisoning likely to affect the organism as a whole, and may contribute to shorten life, despite an apparent physical vigour.

Connected, perhaps, with their excesses is the fact that the Onges' normal body temperature is much higher than usual; with a temperature reading of thirty-eight degrees centigrade they are in good health, with unimpaired appetite. I found an average temperature of thirty-seven point five degrees centigrade in males of various ages, the younger men tending to give the higher readings. The average in females was slightly higher than in males. I was able to observe for myself completely normal behaviour in Onges who by European standards would have been regarded as severely febrile. In part, as I have said, this may be due to diet and absence of salt, but it must certainly be regarded at least in part as a racial characteristic. It may, too, have some effect on their low vitality; it is interesting that temperatures in the Bushmen and pygmies of Africa, with their longer expectation of life, never vary far from the European norm.

These abnormally high temperatures are not a symptom of malaria. This is clinically unknown in the Andamanese although it is a serious menace to outsiders. Even a few hours on the island can lead to infection if precautions are not taken. I made all the men with me take their tablets regularly, even when propaganda in India against immunization as a Western importation led to objections, so that I had to force the tablets into their mouths myself to ensure that they were swallowed.

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The Onges do not seem to require any preventive measures, and seem naturally immune to malaria. They do, however, transmit the disease to strangers, through the mosquitoes which are everywhere in Little Andaman. Like many other inhabitants of tropical areas, they probably all carry the disease without being affected by it – neither children nor adults show any sign of splenic enlargement.

In contrast to their periodic gorging, the Onges will equally cheerfully endure hunger, thirst and exhaustion. During our hazardous canoe trip to South Brother, however, they appeared much more affected than I was by long exposure to the sun. We were completely without any means of shelter for an entire afternoon in the open sea, and though the Onges tried to cover their heads as best they could, they still developed severe (and genuine) headaches, and were clearly much happier in the dark forest, which must be considered their natural environment.

Nothing has hitherto been known of the intelligence level and general psychology of the Onges. The childishness of their behaviour, however, is curiously in keeping with their strikingly child-like appearance. Like children, they seek only the satisfaction of elementary stimuli, and like children they pass in a flash from one mood to another, so that they are a people of sudden contrasts.

One example is their passionate love for their dogs, in marked contrast to the intense cruelty with which they hunt their prey. Having once realized the usefulness of dogs, first imported into the islands some thirty years ago, the Onges now pet them like little girls with their dolls, and the Onge women will suckle the family puppies quite naturally with their own children. Yet once a dog dies the other side of the Onge nature comes to the fore and the carcase is thrown into the forest – there is no looking back.

Their minds are in a sense inventive, in that they have evolved devices to help them acquire their food, but they have never, for example, thought of the fish-hook, despite the abundance of iron pieces thrown up by shipwrecks all round the islands. Anything new is taken up with a child's momentary enthusiasm, but they have no notion of sustained mental effort such as any form of counting.

Like children, too, the Onges laugh at the slightest thing, although their mirth is always restrained. In this they differ from the African peoples, particularly the Bushmen, who are often by

To truly primitive peoples like the Onges, European medical practices are fascinating. Men and women will refuse literally nothing once they are convinced of our intention to do them good and cure their ills. Although they have a rudimentary form of medicine, they recognize the superiority of European methods, and medical aid has therefore become our most powerful means of making contact with uncivilized peoples.

While I was busy trying to alleviate their ailments I became aware of the power which 'medicine' has over them, and I was also able to observe their own methods of dealing with their ills. Understandably, disease, death and birth are all attributed to particular supernatural beings, or to the spirits of the dead. They try not to offend these beings, but strive nevertheless, in their own way, at least to cure disease. Once primitive peoples see our methods they respect them, and are eager to be treated; strange though it all seems, they develop a blind faith in the omnipotence of the new ways.

There is little actual disease among the Onges and they have equally few vices. They are still unaware of the existence of alcohol, and have not learned how to ferment sugar substances, such as the honey in which the Little Andaman abounds. Tobacco is a recent introduction, and the Onges at once became wildly addicted to it; the tobacco leaves I had taken with me were in fact my best means of making my way peacefully into the island. A few Onges have acquired a supply of opium from Burmese and Chinese smugglers along the north coast, but instead of smoking it they seem to limit themselves to chewing it mixed with tobacco, and have fortunately no means of replenishing their stock.

Polio, tuberculosis, smallpox and cancer seem unknown, but for some unknown reason the islands have on a number of occasions been struck by disastrous epidemics of measles. These epidemics struck nearly every member of some of the communal huts, judging from survivors' reports, and the sites were afterwards abandoned, leaving the huts to be destroyed by termites.

The census of 1931 includes a personal observation by Portman of congenital syphilis in several Onges. This has since been proved wrong and in 1952 I found only one young man with nasal malformation possibly attributable to the disease, half-moon incisors, and abnormality of the skull and palate. I was not able to find him

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on later visits. Dr H. Lehmann found no evidence of syphilis in the fifty-two individuals of both sexes from whom he took blood samples in my presence.

Although the Onges are normally healthy and look outwardly robust, they have very little actual resistance to disease and succumb very quickly. Twenty-eight of them, whole families, young and old, whom I took with me to Port Blair in 1954 to present them to the President of the Republic of India, all developed a high fever owing to the change in their way of life during the few days it took from Little Andaman to Great Andaman, and we had to take them back hastily to their own island immediately after the official visit. Even minor feverish complaints of no importance seem to depress and terrify them so that they die very quickly, and I sometimes heard that young Onge friends whom I had left in excellent health had died suddenly from, so I was told, some febrile complaint. The Onge women have better resistance than their menfolk to disease as a whole, which may also help to explain their greater longevity.

On the other hand wounds heal surprisingly quickly in both sexes, although in some of the old men I saw purulent leg sores, slow to heal even when treated with antiseptics which I applied myself. I saw none of these in women, but they seem to be more severely attacked by ringworm, especially on the abdomen and round the umbilicus. Few of the Onges were free from ringworm but none of them bothered to treat it, and it did not seem to cause them any noticeable disturbance. In one woman I noticed whitish patches on the fingers and lips, due to leucoderma.

Diseases of the nervous system and mental illnesses seem very rare, although a few individuals are subject to attacks of epilepsy, watched reverently by all present! The Onges regard epileptics as possessed by a spirit capable of giving important information and question them like the oracle. A number of the Onge leaders, among them Giota of Tambe-e-buiè, go from time to time into a state of trance, which has every appearance of an epileptic attack. I saw one case of dementia in a middle-aged woman, but it was mild enough to allow her to go about her work reasonably well, and at regular intervals she produced normal children.

Sight and hearing in the Onges are particularly acute, as has often been reported in primitive peoples and attributed to the

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regular exercise of the two faculties required by their existence in direct contact with the natural world; anyone, it is said, who lived such a life would preserve the same keenness of eye and ear. Certainly I saw no myopia among the Onges, nor any of the eye infections common among other inhabitants of the tropics. With the naked eye they can pick out tiny craft far out to sea, or the small, narrow Onge canoes which I could hardly see with field-glasses, which makes me doubt whether constant exercise of the eyes can really be the full explanation of their power of vision. They can pick out quickly and accurately birds immobile among the dense leaves in the darkest part of the forest, invisible to me, even though I was used to looking for them and could see them when they moved. And from the ground they saw high in the trees tiny amphibia which I wanted to catch, after I had caught one by chance which had proved to be a new species. These amphibia, perfect mimics, become almost invisible when they attach themselves to the bark of the trees, but the Onges pointed them out to me from a distance with absolute accuracy, and I was in fact able in 1954 to catch over two hundred in a week.[1]

The Onges can also pick out reptiles on the ground, or among the foliage, distinguishing with long practice the poisonous varieties which abound in the islands, and I found it very useful to send Onges ahead of me in the forest to look out for these snakes. When any of my Indians were bitten it was always because they thought they could do as well as the local scouts! The Onges themselves are, however, occasionally bitten, with serious consequences. One of them, aged twenty-five, climbed into a very high tree after honey, and unwittingly put his left hand on a snake hidden in the leaves, where it had climbed to search for birds' eggs. It bit just above the elbow, causing an alarming swelling of the arm with severe pain and fever. He was brought to me semi-conscious, with the whole limb swollen to the size of a rugby ball. The unfortunate man's neck had been bound with the usual strands of *Ficus* bark, and not surprisingly he was groaning desperately, and clearly on the point of death.

The Onges have no specific remedies for snake bites, and their

[1] These amphibia were examined in 1954 at the Institute of Zoology of the University of Genoa and given the name of *Kaloula baleata ghoshi*, in honour of Mr A. K. Ghosh, then Governor of the Andamans.

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Near my camp at Labanar, in March 1952, I witnessed a distressing and fatal case. A young woman, with a baby a month old, had suckled another child, as the Onge women do. The older infant, which had cut its teeth, caused damage to the nipples and the ensuing infection spread throughout the body. The wretched woman was writhing with fever and the pain from her infected breasts and suppressed lactation. Her body had been smeared with a vermilion ochre, held to be the most powerful balm, and tightly bound, as usual. Her condition was so poor that I suggested sending her at once to Port Blair for treatment. Unfortunately, however, at that time I was only just beginning to establish contact with the Onges, and the woman's husband, after all the arrangements had been made, refused to let her go. I had not yet gained the Onges' confidence enough to be allowed near the woman, and although I was able to photograph her I could do nothing to prevent her death.

The decision to administer 'medicine' and subject patients to various treatments is not the province of any specialists, but is taken by anyone in the group; all, including the patient, accept the decision, since all are utterly convinced that it will benefit them. Medicine men and sorcerers, so numerous in Africa and elsewhere, do not exist among the Andamanese.

The Onges have not the slightest idea of any standards of hygiene. They never wash intentionally; the forest, dripping from every leaf, and frequent immersion in water while out hunting, take care of the problem. One must admit that in the circumstances their nakedness is hygienic. A small fire is kept burning beside each bed at night for warmth, a useful precaution which I found very welcome on the many cold nights which followed a very hot day. Deprived of these fires the Onges fall ill at once, a fact of which I had ample proof on several occasions when I took Onges with me out of Little Andaman; they were provided with beds and coverings in well-constructed wooden houses, but although none of them complained about the absence of the fires by their beds they all developed feverish chills.

And yet in their own territory I have seen them lie soaking wet all night in one of their temporary forest camps or a communal hut with a leaking roof without any ill effects, simply because they had

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their fires beside them. On the night of 4–5 April 1953, while I was sleeping with them in the communal hut at Berié-Abdalû a sudden storm drenched us all, forcing us to huddle together round fires under the more waterproof parts of the roof. Numb with cold, but cheerful, they began joking, singing[1] and dancing, men and women separately; this went on all night, and no one suffered any ill effects from the soaking.

The Onge lack of hygiene extends also to their cooking utensils, which are never washed. In recent years the ocean has provided the Onges with a generous and unexpected gift; currents running from the south of Asia have thrown up on to the shores of Little Andaman a shoal of empty petrol drums, stout metal cylinders 1·3 metres high and eighty centimetres in diameter. The astute Onges have patiently divided each one in two, each section big enough to take a large pig. Set on big fires these serve as wonderful cooking pots, and the Onges are delighted with them. Unfortunately, however, although they were thrown up all round the island, the supply is beginning to dry up, and they are rapidly being eaten away by rust.

To boil food, the Onges set the drums on two large logs, laid parallel, with a fire between them. Stones are rarely used to support the drums, although there are plenty about in the interior of the island. On the coast, and for a fair way inland, there is nothing but coral, hard but liable when it gets hot to disintegrate under the heavy weight of the cylinders filled to the brim.

In these gifts from the sea the Onges could prepare tasty broths, but they invariably allow nearly all the water to boil away, and the cooking process is not considered complete until all the liquid has gone. While it is boiling, however, they take care not to lose the fat floating on the top, which they adore. They have even invented a curious sort of dipping-stick for the purpose of skimming the fat off. They take a shoot about twenty centimetres long from a plant which disintegrates into fibre when chewed. One end is chewed into a loose 'brush' and no one present misses his turn to dip it into the pot again and again to skim off a mouthful of fat, even getting up in the night in their eagerness for it. One stick naturally does for everyone, men, women and children, the

[1] The Onge voice is not markedly different from the European. It has a musical quality, fairly high-pitched but never shrill; the Onges never raise their voices, even in anger – disagreements invariably end in a dignified silence.

Cleaning themselves, to the Onges, means painting themselves to ward off evil and to remove, so they said, the smell of pig fat after the colossal orgies which follow a particularly good hunt, when even they find the stench too much. These orgies, which give them appalling indigestion for days, are followed by an apparently instinctive variation of their diet to raw or cooked vegetable foods. On three occasions from 1952–54 I was present at one of these solemn pork and honey orgies. The Onges ate almost till they burst, and then, hardly able to move, cleaned up by a grand painting session. The women do the painting, families vying with each other to produce weird new designs, which are then copied until the next feast.[1]

Fed and painted, the Onges sit down to smoke, using pipes made from crabs' claws. Still regardless of hygiene the pipes go from one mouth to another, the women smoking just as heavily as the men.

One curious anomaly is that the Onges do sometimes sweep the earth floor of the communal hut. The floor is not deliberately beaten down, but becomes hardened by continuous walking on it; in dry weather it turns to dust, which rises and settles everywhere, especially under the roof, where the lumps of cooked meat, fish and so on are hung. For the cleaning a broom or besom is prepared, well made with very hard, supple, palm fibres, bound tightly and carefully with cords made from reeds. The whole thing is about eighty centimetres long and as thick as a man's wrist.

The dirt is simply swept out all round from under the roof of the hut through the gap between the roof and the ground. In the course of time a ring of refuse builds up round the hut, forming a glorious breeding ground for insects of all kinds. When the hut has to be rebuilt, owing to the ravages of wood-worm and termites, the ring is levelled off to form the new floor. Since the same small, well-chosen site may be used for thousands of years, the hut ends up perching on top of a small mound of refuse dating back to very

[1] From one year to the next I saw no real evolution of art forms but cyclic changes of designs, with a preference for certain geometric patterns, at certain times of the year. Having watched various individuals of both sexes closely over a period of some years I can say that in the Onges at least, contrary to what is generally understood, the use of given patterns, and given kinds of ochre, does not correspond with given types of food. Any feast is always followed by painting, always with the weirdest designs possible, but always geometrical, never far from the current 'fashion', and never even remotely inspired by the basis of the feast.